File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Sie. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

RECEIVED JAN 22 2003

				JANES L L ZON		
COMMITTEE NAME (Must be same as on Statement	of Organization)			The state of the s		
REGAN FOR SCOTT COUNTY			FORM	1		
IMPORTANT: Indicate by # type of committee you are report (1) Statewide/Legislative/Judge Standing for Retention Cand (4) County Central Committee (5) County Candidate (6) C Subdivision Candidate (8) County PAC (9) City PAC (10) 11) Local Ballot Issue	eal CC(DR-2 (Rev. 07/2007) For Office Use (2nty			
CANDIDATE COMMITTEES ONLY:						
Candidate Name	Political Party (if applicable)					
MOLLY REGAN	Founcai Faity (ii applicable)		Scanned			
Office Sought SOIL AND CONSERVATION	District (if Senate or House)		Computer			
Late reports are subject to possible civil and criminal pena						
SIGNATURE OF PERSON FILING REPORT	<u> </u>	-	/ DATE	- 入いロイ BIGNED		
AM FILING A	DEDORT FOR (4) FL FOTION					
(report date)	REPORT FOR (1) ELECTION Indicate by		N-ELECTION Y	EAR.		
· · · · · ·	•	# K				
]CHECK IF AMENDMENT TO REPORT DATED		Local Co	ommittees, enter D	ate of Election		
STATEMENT OF CASH ON	HAND	SCOT				
CASH ON HAND at the beginning of the reporting period committee. This amount MUST be the same of the last reporting period or must be zero if the	d. (Total of all funds held by the	s	42.83			
ADD TOTAL MONEY TAKEN IN THIS PERIO						
Schedule A: Cash Contributions total (Attach	Schedule A) (*also see in-kind below)					
Schedule F: Loans Received total (Attach Sci						
Schedule H: Total Sales of Campaign Proper	ty (Attach Schedule H)	•••••				
(Schedule H applies to Candidates						
	SUB-TOTAL	s	117.83			
SUBTRACT TOTAL MONEY SPENT THIS P			· · · · · · · · · · · · · · · · · · ·			
Schedule B: Expenditures total (Attach Sched						
Schedule F: Loan Repayments total (Attach S	•			**********		
ASH ON HAND at the end of this reporting period (if fi	•			***************************************		
UNPAID BILLS (From Schedule D - Attach Schedule						
N KIND CONTRIBUTIONS (From Schedule E - Attach						
OUTSTANDING LOANS (From Schedule F - Attach S				D		
ONSULTANT BREAKDOWN (Schedule G Attached?	·					
ANDIDATE COMMITTEES ONLY:	,	-	YES	NO		
ALUE OF CAMPAIGN PROPERTY (From Schedule H	I - ATTACH Schedule H)	\$				

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

'Disclosure law r naking a contributionsanguinity (bl.) consanguinity (bl.) he same as cantrelled the same as cant				6/1/2007	DATE RECEIVED (MIM/DOYYR)	PART I - MONI (Origi involv	NOTE: This set	COMMITTEE N REGAN FO	POK INSTRUC
Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the elationship column when it applies.		TOTAL (PART I)		MOLLY REGAN P.O. BOX PRINCETON,IA 52768	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Original source of loan, such as a bank, must be shown if a third party is involved, include loans from candidate's personal funds.)	NOTE: This schedule reports money loaned to the committee which is deposited in the committee account. TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD § $\frac{0}{2}$	COMMITTEE NAME(Must be same as on Statement of Organization) REGAN FOR SCOTT COUNTY	FOR INSTRUCTIONS, SEE BACK OF FORM
lationship of any relationship of any relationship of the third degramme of contractions and applicable" in the		\$ 75.00			RELATIONSHIP TO CANDIDATE (If Applicable*)	PERIOD wn if a third party is ds.)	hich is deposited in to	ration)	
tive ee of ibutor is				\$ 75.00	AMOUNT OF LOAN		he committee acc		
	TOTAL OL				DATE PAID (MIM/DD/YR)	PART II - IIIC) unit		
TOTAL CASH REPAYMENTS (PART II) From Schedule E - TOTAL LOANS FORGIVEN TOTAL OUTSTANDING LOANS END OF REPORT PERIOD Page	TOTAL CASH REPAYMENTS (PART II)			NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loens forgiven must be reported on Schedule E In-kind Contributions.)		Reset Form		
of (for Schedule F)	00 2	(II) \$_			RELATIONSHIP TO CANDIDATE* (If Applicable)	REPORTING PER	CHECK THIS BOX	F (Rev. 07/03)	SCHEDULE
.				9	P AMOUNT E* REPAID	ions.)	CHECK THIS BOX IF AMENDING FORM	LOANS RECEIVED	